

ORGANIZATION ACTION	WING	WING CONTROL #	DATE	CHARTER NUMBER (If assigned)
UNIT NAME		COMPLETE APPLICABLE ITEMS ONLY		
I. UNIT CHANGES		1. UNIT COMMANDER		
Complete blocks specified for changes indicated: <input type="checkbox"/> Commander (Block 1) <input type="checkbox"/> Mailing Address (Block 2) <input type="checkbox"/> Meeting Place (Block 3) <input type="checkbox"/> Meeting Day/Time (Block 4) <input type="checkbox"/> Unit Name (Block 5) <input type="checkbox"/> Other Item, Specify _____		_____ Unit Commander's Name (Last, First, MI) CAPSN _____ Area Code Home Phone Work Phone Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No, I prefer to be contacted at		
II. REDESIGNATION		2. UNIT MAILING ADDRESS		
Unit redesignation as follows: <input type="checkbox"/> CADET <input type="checkbox"/> SENIOR <input type="checkbox"/> COMPOSITE <input type="checkbox"/> FLIGHT		_____ Mailing Address _____ City State Zip + 4		
III. ACTIVATION		3. UNIT MEETING PLACE		
<input type="checkbox"/> Request Charter. (Complete <u>all</u> items on right side of form.) I agree to operate the unit in compliance with the purposes and objectives of the Civil Air Patrol as set out in its charter, Constitution, Bylaws, and other directives and authorize the inclusion of this unit in the Civil Air Patrol roster of units for which it annually makes application for group exemption from Federal income taxes. _____ Signature of Unit Commander		_____ Street Address _____ City State Zip + 4		
IV. DEACTIVATION		4. MEETING DAY/TIME		
<input type="checkbox"/> The above unit is deactivated for the reasons outlined on the reverse side of this form. Remaining members are to be transferred to charter number _____. By signature of this form below, I certify that there has been a proper accounting of all unit funds as evidenced by a closing financial report (CAP Form 173). Reference CAPR 173-1. I also certify that any real property (land, buildings) has been properly transferred and equipment and supplies inventoried and transferred as evidenced by CAP Forms 37.		_____ Meeting Day Time		
		5. UNIT NAME CHANGE		
		_____ New Name		
		6. NAME OF PERSON ORGANIZING UNIT		
		7. SPONSORING ORGANIZATION		
8. TYPED NAME AND GRADE OF WING/REGION COMMANDER (OR VICE)		9. SIGNATURE OF WING/REGION COMMANDER (OR VICE)		

Deactivation Remarks: